

2010 MCFRS TRAINING AND PERSONNEL RECERTIFICATION/REFRESHER ACTIVITY REPORT

LAST NAME	FIRST NAME	M.I.	ID #	STATION	SHIFT

COURSE	DATE TAKEN	INSTRUCTOR'S NAME (PRINTED)	INSTRUCTOR'S SIGNATURE
AED	2010		
CPR (Instructor Lead)			
Air & Blood Borne Pathogens			
SCBA			
Hazardous Materials			
Confined Space			
Trench			

TO BE VERIFIED AND THEN SIGNED OFF BY YOUR ASSIGNED SHIFT OFFICER ONLY

EMT-B , CRT '99 or EMT-P CARD ON PERSON: ☐ Yes ☐ No

VERIFICATION OF ADDRESS FROM THE CARD: ☐ Yes ☐ No

EXPIRATION DATE FROM CARD: _____

AFFILIATION CODE IS VERIFIED AS CORRECT ON THE CARD: ☐ Yes ☐ No

ALL DFRS Affiliation Code= 150000; LFRD Affiliation code: 150### (i.e. RVFD= 150003, R-1= 150R01, R-2= 150R02)

If Address, Expiration Date or Affiliation Code is not correct, contact the Training Academy BLS or ALS Coordinator

SHIFT OFFICER SIGNATURE: _____ PRINTED NAME: _____

DATE VERIFIED AND SIGNED OFF BY SHIFT OFFICER: _____/2010

